



## INSTRUCTIONS FOR COMPLETING APPLICATION HOME PLUS OR BOARDING CARE HOMES

### REASON:

An **initial application** shall be filed by an applicant seeking a license for a new facility or when an existing facility is sold. The current licensee shall notify the department of any anticipated change of ownership sixty (60) days in advance of the proposed effective date of the change.

An **annual report** is filed with the licensing agency at the time prescribed by the licensing agency.

An **amended** application is filed when changes in existing licensee occur (i.e. lessee)

- A. Provide the full legal name and physical address of the facility. Please include the nine-digit zip code, telephone number and fax number, if appropriate.
- B. Provide the operator's name. "Operator" means an individual who is responsible for operating a home plus or boarding care home facility. The "operator" of a **home plus** must complete a course on principles of assisted living approved by KDOA.
- C. Check the classification of the type of license being applied for and the number of beds.
- D. If the facility is owned by the operator, please provide the full legal name and address of the owner as is appears on the deed. If incorporated, complete Part II.
- E. If the facility is rented or leased; provide the full legal name and address of the Landlord. If incorporated, complete Part II.



KANSAS DEPARTMENT ON AGING  
LICENSURE, CERTIFICATION & EVALUATION COMMISSION  
APPLICATION FOR HOME PLUS OR BOARDING CARE HOME LICENSE - Part I

**The undersigned hereby applies to the Kansas Department on Aging for a license to operate an adult care home subject to the provisions of Kansas law.**

REASON (Mark with "X")	<input type="checkbox"/>	INITIAL	<input type="checkbox"/>	ANNUAL REPORT	<input type="checkbox"/>	AMENDED
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A. Facility Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip (9-Digit) \_\_\_\_\_ County \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

B. Operator's Name \_\_\_\_\_

C. Classification of license (Check only one)  
☐ Home Plus (1 - 8 residents) Number of Beds \_\_\_\_\_  
☐ Boarding Care Home (1 - 10 residents) Number of Beds \_\_\_\_\_

D. Give name and address of the owner of this home. **(Submit copy of deed, if this is initial application.)**  
If business is incorporated, complete a Part II.

E. Give name and address of the renter or lessee. If incorporated, complete Part II.

The following is the legal signature and title of the individual authorized to represent the governing body, corporation, partnership, joint venture, individual, or organization in the operation of the facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

License Effective Date \_\_\_\_\_ License Number \_\_\_\_\_

License Status \_\_\_\_\_ Annual Report Due Date \_\_\_\_\_ Approved By \_\_\_\_\_

**The fee to operate an Adult Care home is \$100.00 plus \$30.00 for each bed. Payment shall be made payable to the Kansas Department on Aging. Return to Kansas Department on Aging, Licensure & Certification Program, 503 S. Kansas Avenue, Topeka KS 66603-3404, (785) 296-4986.**

KDOA LICENSURE & CERTIFICATION DIVISION  
PART II FOR HOME PLUS OR BOARDING CARE HOMES

A.

Facility Name

Street Address

City

## B. Disclosing Entity's Name

### C. Type of Entity

## ❑ 1. Sole Proprietorship

## ❑ 2. Partnership

### ❑ 3. Joint Venture

☐ 4. Corporation for profit

☐ 5. Corporation not for profit

6. Government - Type

☐ 7. Other (Explain)

## ☐ 8. Limited Liability Company

D. Give the Resident Agent's name and address as filed/registered with the Secretary of State's office for the disclosing entity listed on **Line B** of this form. Contact Secretary of State's office to verify this information – telephone number is (785) 296-4564.

Resident Agent

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Address

City

State

Zip

COMPLETE THE BOXES BELOW WITH THE INFORMATION AS FOLLOWS FOR THE DISCLOSING ENTITY LISTED ON LINE B ABOVE.

1. List the name (s) and address(es) of each person who has any direct or indirect ownership of **5 percent** or more in entity listed above.
2. List each person who is the owner (in whole or in part) of any mortgage, deed or trust, note or other obligation secured (in whole or in part) by such facility or any of the property or assets of such facility.
3. If the disclosing entity is organized as a corporation, attach a list showing the names and address of each officer and director.
4. If the disclosing entity is organized as a limited partnership or limited liability company, please describe each limited liability for each 5 percent owner, and for all general partners.
5. If the disclosing entity is a governmental unit, attach a list showing the names and addresses of each responsible official (i.e., county commissioner).

INDICATE WITH "X"					INDIVIDUAL NAME	ADDRESS	CITY	STATE
	1. OWNER							
	2. MORTGAGOR							
	3.DIRECTOR/OFFICER							
	4. LIMITED LIABILITY Describe for each limited partnership & LLC the limited liability for each 5% owner, and for all general partners.							
	5. ELECTED OFFICIALS							

The following is the legal signature and title of the individual authorized to represent the governing body, corporation, partnership, joint venture, individual, or organization in the operation of the facility by the disclosing entity.

Signature and Title

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Print Name \_\_\_\_\_

Date \_\_\_\_\_